efile GRAPHIC print - DO NOT PROCESS | As Filed Data -

DLN: 93493067007827

Department of the Treasury

**Return of Organization Exempt From Income Tax** 

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

- ▶ Do not enter social security numbers on this form as it may be made public
- ▶ Information about Form 990 and its instructions is at <u>www IRS gov/form990</u>

Inspection

		nue Servic	· ·	_				
			lendar year, or tax year beginning 08-01-2015 , and ending 07-31-201  C Name of organization	5	D Emple	var idan	tification number	
		pplicable	AMERICA NEXT INC		D Emple	yer iden	tilication number	
·	ddress c ame cha	-			46-3	681383		
_	itial reti	-	Doing business as					
Fi			Number and street (or P O box if mail is not delivered to street address) Room/sui		- E Teleph	one numb	er	
_	termina)		P O BOX 320966	.e	(770	) 262-1	022	
	nended plication	n pending	City or town, state or province, country, and ZIP or foreign postal code		- (,,,,,	, = - =		
1 14	pilodeloi	. penang	ALEXANDRIA, VA 22320		<b>G</b> Gross	receipts \$	250,210	
			F Name and address of principal officer	<b>H(a)</b> Is th	us a drouu	n return	for	
			BLAISE HAZELWOOD		ordinates?		⊤ Yes 🗸	
			707 PRINCE STREET ALEXANDRIA, VA 22314	No				
<b>I</b> Ta	x-exem	pt status	501(c)(3)	H(b) Are	ali subord ided?	inates	□Yes □ No	
7 14/	- 414 -					n a list (	(see instructions)	
, w	ebsite	:: <b>&gt;</b> vv vv	W AMERICANEXT ORG	H(c) Gro	up exemp	tion num	nber 🕨	
<b>K</b> For	m of org	ganızatıon	✓ Corporation Trust Association Other ►	L Year of f	ormation 2	013 <b>M</b> :	State of legal domicile V	
Pa	rt I	Sum						
			scribe the organization's mission or most significant activities . NEXT, INC   WAS FORMED TO FURTHER THE ORGANIZATION'S MI	SSION OF	PROMOT	ING CO	NSERVATIVE, FREE	
a.			POLICY SOLUTIONS					
ž	_							
Ē								
Governance	2 0	heck th	is box ▶ ┌ if the organization discontinued its operations or disposed o	f more than	25% of it	s net as	sets	
<b>₹</b> 0			of voting members of the governing body (Part VI, line 1a)			3	5	
ŽŽ.			of independent voting members of the governing body (Part VI, line 1b)			4	5	
Activities &			nber of individuals employed in calendar year 2015 (Part V, line 2a) .		5	3		
Q.			nber of volunteers (estimate if necessary)			6	0	
			elated business revenue from Part VIII, column (C), line 12			7a 7b	0	
	או ט	ct dincie	rece business taxable medine from Form 550 F, fine 54		or Year	1 70 1	Current Year	
	8	Contri	butions and grants (Part VIII, line 1h)	F"	1,507	581	250,210	
알	9		Im service revenue (Part VIII, line 2g)		1,507	0	230,210	
Ravenue	10	-	ment income (Part VIII, column (A), lines 3, 4, and 7d)		190			
å	11		revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)			0		
	12		revenue—add lines 8 through 11 (must equal Part VIII, column (A), line		1,507	771	250,210	
		12)			1,507	,,,,	250,210	
	13		s and similar amounts paid (Part IX, column (A), lines 1–3)		56	,500	(	
	14		ts paid to or for members (Part IX, column (A), line 4)			0	(	
<b>\$</b> ?	15	Saları 5-10)	es, other compensation, employee benefits (Part IX, column (A), lines		297	,504	39,245	
Expenses	16a	,	ssional fundraising fees (Part IX, column (A), line 11e)		292	.063	20,468	
kb e	ь		ndraising expenses (Part IX, column (D), line 25) ▶51,808				,	
<u> </u>	17		expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		1,823	,706	129,05	
	18		expenses Add lines 13–17 (must equal Part IX, column (A), line 25)		2,469		188,76	
	19	Reven	ue less expenses Subtract line 18 from line 12		-962	,002	61,446	
გ.გ.				Beginning	of Current	Year	End of Year	
Net Assets or Fund Balances			1. (2					
Ass I Ba	20		assets (Part X, line 16)			,260	57,239	
و قو	21		iabilities (Part X, line 26)	•		,467	F7 224	
	22 1111		sets or fund balances Subtract line 21 from line 20 ature Block		-4	,207	57,239	
			perjury, I declare that I have examined this return, including accompan	rıng schedu	les and st	atement	s, and to the best of	
my k	nowled	lge and i	pelief, it is true, correct, and complete Declaration of preparer (other th					
prepa	irer ha	is any Kr	nowledge					
		****	* K		2017-03-08			
Sigr		Signa	ature of officer		Date			
Her	е		Y FAIRCLOTH JR CHAIRMAN & TREASURER					
		<u> </u>	or print name and title	1		I DTIN		
n-:			nnt/Type preparer's name Preparer's signature Date   ENAE DUNCAN RENAE DUNCAN	I .	eck I if	PTIN P01257	722	
Paid		_   F	ırm's name ► ATCHLEY & ASSOCIATES LLP		f-employed m's EIN ► 7	1 74-292081	9	
	pare	r	irm's address ► 1005 LA POSADA DRIVE		one no (51			
USE	Onl	ıy	AUSTIN, TX 78752					
May	the ID	S discus	s this return with the preparer shown above? (see instructions)			Г	ZVes □No	

Form 990 (2015)

Par	t IV Checklist of Required Schedules			
	·		Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	1		No
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)? $^{*}$	2	Yes	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	3		No
4	Section 501(c)(3) organizations.  Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year?  If "Yes," complete Schedule C, Part II	4		
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19?  If "Yes," complete Schedule C, Part III	5		No
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts?  If "Yes," complete Schedule D, Part I	6		No
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		No
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets?  If "Yes," complete Schedule D, Part III **	8		No
9	Did the organization report an amount in Part X, line 21 for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV	9		No
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V 🔰	10		No
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable			
	Did the organization report an amount for land, buildings, and equipment in Part X, line 10?  If "Yes," complete Schedule D, Part VI	11a	Yes	
b	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		No
	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	<b>11</b> c		No
	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX 3	<b>11</b> d		No
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		No
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)?  If "Yes," complete Schedule D, Part X	11f		No
12a	Did the organization obtain separate, independent audited financial statements for the tax year?  If "Yes," complete Schedule D, Parts XI and XII 2	<b>12</b> a		No
b	Was the organization included in consolidated, independent audited financial statements for the tax year?  If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	<b>12</b> b		No
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		No
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		No
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	14b		No
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		No
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? <i>If</i> "Yes," complete Schedule F, Parts III and IV	16		No
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? <i>If "Yes," complete Schedule G, Part I</i> (see instructions)	17	Yes	
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18		No
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III	19		No
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	<b>20</b> a		No
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		

	` '		
ΙV	Checklist of	Required Sche	dules (continued)

25a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations.

instructions for applicable filing thresholds, conditions, and exceptions)

1:61	checklist of Required Schedules (Continued)		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line $1^7$ If "Yes," complete Schedule I, Parts I and II	21	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part	22	No

23 Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's

**b** Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? . . .

d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? . . .

**b** Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior

26 Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons?

a A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, 

32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets?

35a Did the organization have a controlled entity within the meaning of section 512(b)(13)?

year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ?

Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial

contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family

Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV

b A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L,

c An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was

Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I.

Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Pait II, III, or IV,

29 Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M . . .

Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified

33 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations

sections 301 7701-2 and 301 7701-3? If "Yes," complete Schedule R, Part I . . . . . . . . . . . . .

entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2 . . . Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related 

**b** If 'Yes' to line 35a, did the organization receive any payment from or engage in any transaction with a controlled

Did the organization conduct more than 5% of its activities through an entity that is not a related organization

Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?

and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI

an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV . . .

Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes,"

c Did the organization maintain an escrow account other than a refunding escrow at any time during the year

24a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d

current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes,"

nunue	<i>au)</i>					
ts or o	ther assı	stance to	any	domestic	organization c	r

23

24a

24b

24c

24d

25a

25b

26

27

28a

28b

**28**c

29

30

31

32

33

34

35a

35b

36

37

38

Yes

Form 990 (2015)

Νo

Νo

Νo

Nο

Νo

Νo

Νo

Νo

Νo

Νo

Νo

Nο

Nο

Νo

Νo

Νo

Νo

Par	t V	Statements Regarding Other IRS Filings and Tax Complianc		W			
		Check if Schedule O contains a response or note to any line in this	Part	<u>v</u>	•	Yes	No
1a	Enter	the number reported in Box 3 of Form 1096 Enter -0- if not applicable	1a	11		163	NO
		the number of Forms W-2G included in line 1a Enter-0- if not applicable	1b	0			
С		e organization comply with backup withholding rules for reportable payments to ig (gambling) winnings to prize winners?		ors and reportable	1c	Yes	
2a	_	the number of employees reported on Form W-3, Transmittal of Wage and					
	Tax S	tatements, filed for the calendar year ending with or within the year covered	_				
	,	s return	2a	3	26	V	
b		east one is reported on line 2a, did the organization file all required federal emp If the sum of lines 1a and 2a is greater than 250, you may be required to e-file			2b	Yes	
32		ie organization have unrelated business gross income of \$1,000 or more during			3a		No
		s," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanati	_	•	3b		
		y time during the calendar year, did the organization have an interest in, or a si					
	over,	a financial account in a foreign country (such as a bank account, securities acc					
_	accou	int)?			4a		No
b		s," enter the name of the foreign country					
	See in	nstructions for filing requirements for FinCEN Form 114, Report of Foreign Bank 3 )	< and	Financial Accounts			
5a	•	·· he organization a party to a prohibited tax shelter transaction at any time durir	na the	tax vear?	5a		No
		ny taxable party notify the organization that it was or is a party to a prohibited i	_	,			No
			can si	refres transaction	5b		110
С	II re	s," to line 5a or 5b, did the organization file Form 8886-T?			5c		
6a		the organization have annual gross receipts that are normally greater than \$10			6a	Yes	
	_	ızatıon solicit any contributions that were not tax deductible as charitable cont					
D		s," did the organization include with every solicitation an express statement the	nat su	ch contributions or gifts	6b	Yes	
7	Organ	izations that may receive deductible contributions under section 170(c).					
а		e organization receive a payment in excess of \$75 made partly as a contributi	on an	d partly for goods and	7a		Νo
L		es provided to the payor?			7b		
		s," did the organization notify the donor of the value of the goods or services p ie organization sell, exchange, or otherwise dispose of tangible personal propei					
·		rm 8282?		· · · · ·	<b>7</b> c		No
d	If"Ye	s," indicate the number of Forms 8282 filed during the year $\ldots$	7d				
e	Did th	ie organization receive any funds, directly or indirectly, to pay premiums on a p	erson	al benefit contract?			
_					7e		No
f	Did th	e organization, during the year, pay premiums, directly or indirectly, on a perso	onal b	enefit contract?	7f		No
g		organization received a contribution of qualified intellectual property, did the o	rganız	zation file Form 8899 as	<b>7</b> g		
h	requir If the	organization received a contribution of cars, boats, airplanes, or other vehicles	· ·	the organization file a	79		
		1098-C?	•		7h		
8	•	oring organizations maintaining donor advised funds. donor advised fund maintained by the sponsoring organization have excess bu	cinaci	s holdings at any time			
		the year?	• •	· · · · ·	8		
9a	Did th	e sponsoring organization make any taxable distributions under section 4966	?.		9a		
b	Did th	e sponsoring organization make a distribution to a donor, donor advisor, or rela	ated p	erson?	9b		
10	Section	on 501(c)(7) organizations. Enter					
а	Initiat	tion fees and capital contributions included on Part VIII, line 12	<b>10</b> a				
b		receipts, included on Form 990, Part VIII, line 12, for public use of club	<b>10</b> b				
11	faciliti	nes on <b>501(c)(12) organizations.</b> Enter					
		Income from members or shareholders	11a				
		Income from other sources (Do not net amounts due or paid to other sources	110				
_		st amounts due or received from them )	11b				
12a	Section	on <b>4947(a)(1) non-exempt charitable trusts.</b> Is the organization filing Form 990	) in lie	u of Form 1041?	12a		
		s," enter the amount of tax-exempt interest received or accrued during the					
4 -	year		12b				
13	Section	on 501(c)(29) qualified nonprofit health insurance issuers.					
а		organization licensed to issue qualified health plans in more than one state? <b>N</b>	lote. S	See the instructions for			
_		onal information the organization must report on Schedule O		ı	13a		
b		the amount of reserves the organization is required to maintain by the states chithe organization is licensed to issue qualified health plans	13b				
c		the amount of reserves on hand	13c				
14a	Dıd th	ı ie organization receive any payments for indoor tanning services during the tax	year	7	14a		No
b	If"Ye	s," has it filed a Form 720 to report these payments? <i>If "No," provide an explana</i>	ition ir	Schedule O	14b		

Form 990 (2015) Page 6 Governance, Management, and Disclosure Part VI For each "Yes" response to lines 2 through 7b below, and for a "No" response to lines 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions. Check if Schedule O contains a response or note to any line in this Part VI . . . . . Section A. Governing Body and Management Yes No 1a Enter the number of voting members of the governing body at the end of the tax **1**a 5 If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O Enter the number of voting members included in line 1a, above, who are 1b ındependent 5 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any 2 Νo Did the organization delegate control over management duties customarily performed by or under the direct 3 Νo supervision of officers, directors or trustees, or key employees to a management company or other person? Did the organization make any significant changes to its governing documents since the prior Form 990 was 4 Νo 5 Did the organization become aware during the year of a significant diversion of the organization's assets? Νo Did the organization have members or stockholders? . . . . 6 Νo 7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or 7a Νo Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, Νo Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following The governing body? . Yes Each committee with authority to act on behalf of the governing body? . . . . . Yes

Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the 9 organization's mailing address? If "Yes," provide the names and addresses in Schedule O . . . . . . . Νo

		Yes	No
Did the organization have local chapters, branches, or affiliates?	10a		No
If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	Yes	
Describe in Schedule O the process, if any, used by the organization to review this Form 990			
Did the organization have a written conflict of interest policy? If "No," go to line 13	<b>12</b> a	Yes	
Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	<b>12</b> b	Yes	
Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	12c	Yes	
Did the organization have a written whistleblower policy?	13	Yes	
Did the organization have a written document retention and destruction policy?	14	Yes	
Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
The organization's CEO, Executive Director, or top management official	15a	Yes	
Other officers or key employees of the organization	15b	Yes	
If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions)			
Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	16a		No
participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the			
	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?  Has the organization provided a complete copy of this Form 990 to all members of its governing body before filling the form?	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?  Has the organization provided a complete copy of this Form 990 to all members of its governing body before filling the form?

#### Section C. Disclosure

- List the States with which a copy of this Form 990 is required to be filed▶
- Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (501(c) (3)s only) available for public inspection. Indicate how you made these available. Check all that apply
- Own website Another's website Upon request Other (explain in Schedule O)
- Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year
- State the name, address, and telephone number of the person who possesses the organization's books and records ▶ CROSBY OTTENHOFF GROUP 611 PENNSYLVANIA AVE SE 267 WASHINGTON, DC 20003 (205) 533-4260

## Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

#### Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

1a Complete this table for all persons required to be listed Report compensation for the calendar year ending with or within the organization's tax year

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation Enter -0- in columns (D), (E), and (F) if no compensation was paid
  - List all of the organization's current key employees, if any See instructions for definition of "key employee"
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations
- List all of the organization's **former** officers, key employees, or highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations
- ullet List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations
- List persons in the following order individual trustees or directors, institutional trustees, officers, key employees, highest compensated employees, and former such persons

▼ Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee

organizations 이 글 등 기 등 기 등 기 등 기 등 기 등 기 등 기 등 기 등 기 등	(A) Name and Title	(B) A verage hours per week (list any hours	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)					ess er	( <b>D)</b> Reportable compensation from the organization	(E) Reportable compensation from related organizations	(F) Estimated amount of other compensation
X			Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
X   X   X   X   X   X   X   X   X   X			×						0	0	(
X			×						0	0	ı
X			×						0	0	
X X X 0 0	· ·		×		х				0	0	
			x		х				0	0	

art VII	Section A. Officers, Directors	Trustees, Key Employees, and Highest	<b>Compensated Employees</b> (continued)
---------	--------------------------------	--------------------------------------	--

<b>(A)</b> Name and Title	(B) A verage hours per week (list any hours for related	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						( <b>D)</b> Reportable compensation from the organization (W-	(E) Reportable compensation from related organizations (W-	(F) Estimated amount of other compensation from the
	organizations below dotted line)	Individual trustee or director	Institutional Trustee	Officer	key employee	Highest compensated employee	Former	2/1099-MISC)	2/1099-MISC)	organization and related organizations
1b Sub-Total						▶				
c Total from continuation sheet d Total (add lines 1b and 1c) .	•				•	. 🔰		0	0	0
u rocai (add lines 10 and 10) .			•	_	•			· ·	<u> </u>	

- **2** Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization  $\triangleright 0$
- Yes No 3 Did the organization list any former officer, director or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual . . . . . . . . . . 3 Νo For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual . 4 Νo Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person . . . 5 Nο

#### **Section B. Independent Contractors**

1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.

(A) Name and business address	(B)	(C)
	Description of services	Compensation
GRASSROOTS TARGETING	GENERAL POLITICAL SERVICES	141,023
707 PRINCE STREET ALEXANDRIA, VA 22314		

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization ▶ 1

orm 99			6 Day					Page
Part V	***	Statement o		onse or note to any lir	ne in this Part VIII			, , , , г
					<b>(A)</b> Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
ွှေ	1a	Federated cam	paigns 1	a				
iributions, Gifts, Grants Other Similar Amounts	b	Membership du	ies <b>1</b>	b				
- F	c	Fundraising eve	ents <b>1</b>	.с				
lar /	d	Related organiz	zations 1	d				
imil imil	e	Government grant	s (contributions) 1	e				
itior er S	f	All other contribute		.f 250,210	İ			
	g	Noncash contribution	ons included in lines		i			
Contributions, Gifts, Grants and Other Similar Amounts	h	1a-1f \$  Total. Add lines	s 1a-1f		250,210			
				Business Code				
Program Service Revenue	2a							
14. 15.	b							
ارد	C							
Ser	d							
ram	e f	All other progra	am carvica ravanua					
rogi	f		am service revenue					
-	g 		s 2a-2f					
		and other simil	aramounts)	•				
	4 5		stment of tax-exempt bon	d proceeds ►				
	5	Royalties	(ı) Real	(II) Personal				
	6a	Gross rents	,					
	b	Less rental						
	c	expenses Rental income						
	d	or (loss) Net rental inco	me or (loss)					
			(ı) Securities	(II) O ther				
	7a	Gross amount from sales of assets other than inventory						
	b	Less cost or other basis and sales expenses Gain or (loss)						
	c d		[ss)					
venue	8a	Gross income f events (not inc						
Other Kevenue		See Part IV, Iir	ne 18	a				
5	C		penses (loss) from fundraising	g events >				
		Gross income f	rom gaming activities ne 19					
	b	Less direct ex		ь				
			(loss) from gaming ac					
	10a	Gross sales of	inventory, less	<b>•</b>				
		returns and allo						
	b c	_	oods sold <b>b</b> (loss) from sales of in	ventory ▶				
ļ		Miscellaneous	s Revenue	Business Code				
	11a							
	b							
	c d	All other reven	ue					
	e	Total. Add lines		•				
	12		See Instructions .					
					250,210	0		)

#### Part IX Statement of Functional Expenses

ations must complete all columns All other organizations must complete column (A)
a response or note to any line in this Part IX

	· · · · · · · · · · · · · · · · · · ·				
	ot include amounts reported on lines 6b, o, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	<b>(C)</b> Management and general expenses	<b>(D)</b> Fundraising expenses
1	Grants and other assistance to domestic organizations and domestic governments See Part IV, line 21				
2	Grants and other assistance to domestic individuals See Part IV, line 22				
3	Grants and other assistance to foreign organizations, foreign governments, and foreign individuals See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors, trustees, and key employees				
6	Compensation not included above, to disqualified persons (as defined under section $4958(f)(1)$ ) and persons described in section $4958(c)(3)(B)$				
7	Other salaries and wages	36,227		36,227	
8	Pension plan accruals and contributions (include section $401(k)$ and $403(b)$ employer contributions)				
9	Other employee benefits				
10	Payroll taxes	2.010			
		3,018		3,018	
11	Fees for services (non-employees)				
a	Management	10.537		10 527	
b	Legal	18,537		18,537	
c d	Accounting	8,681		8,681	
u e	Lobbying	20,468			20,468
f	Investment management fees	20,408			20,408
g	Other (If line 11g amount exceeds 10% of line 25, column (A)				
12	amount, list line 11g expenses on Schedule O)	33,756	11,618	3,850	18,288
13	Advertising and promotion	4 222		4 222	
14	Office expenses	4,223 3,828		4,223 2,028	1,800
15	Royalties	3,828		2,020	1,800
16	Occupancy	3,991		3,991	
17	Travel	13,517	3,677	3,991	9,840
18	Payments of travel or entertainment expenses for any federal, state, or local public officials	13,317	3,077		9,040
19	Conferences, conventions, and meetings				
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	1,380		1,380	
23	Insurance	2,104		2,104	
24	Other expenses Itemize expenses not covered above (List miscellaneous expenses in line 24e If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O)				
а	MESSAGE PHONE CALLS	33,721	33,721		
b	FUNDRAISING EXPENSE	1,412			1,412
c	PHONE	1,322		1,322	
d	PRINTING	769	769		
е	All other expenses	1,810	405	1,405	
25	<b>Total functional expenses.</b> Add lines 1 through 24e	188,764	50,190	86,766	51,808
26	Joint costs.Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation Check here ▶ ☐ if following SOP 98-2 (ASC 958-720)				

Part X	Balance	Sheet
--------	---------	-------

Part	ŧΧ	Balance Sheet					
		Check if Schedule O contains a response or note to any line in	this P	art X			
					(A) Beginning of year		(B) End of year
	1	Cash-non-interest-bearing			,	1	56,359
	2	Savings and temporary cash investments				2	
	3	Pledges and grants receivable, net				3	
	4	Accounts receivable, net				4	
	5	Loans and other receivables from current and former officers					
		key employees, and highest compensated employees Comp Schedule L					
		Schedule L	•			5	
	6	Loans and other receivables from other disqualified persons	(as de	fined under		-	
		section 4958(f)(1)), persons described in section 4958(c)(3 employers and sponsoring organizations of section 501(c)(9 employees' beneficiary organizations (see instructions) Com	)(B), a ) volu	and contributing ntary			
ştş		Schedule L					
Assets						6	
Ÿ	7	Notes and loans receivable, net				7	
	8	Inventories for sale or use				8	
	9	Prepaid expenses and deferred charges	•			9	
	10a	Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D	10a	4,100			
	b	Less accumulated depreciation	10b	3,220	2,260	<b>10</b> c	880
	11	Investments—publicly traded securities		11			
	12	Investments—other securities See Part IV, line 11		12			
	13	Investments—program-related See Part IV, line 11		13			
	14	Intangible assets		14			
	15	Other assets See Part IV, line 11		15			
	16	<b>Total assets.</b> Add lines 1 through 15 (must equal line 34) .	2,260	16	57,239		
	17	Accounts payable and accrued expenses			6,467	17	
	18	Grants payable				18	
	19	Deferred revenue				19	
	20	Tax-exempt bond liabilities				20	
	21	Escrow or custodial account liability Complete Part IV of Sc	hedul	e D		21	
Liabilities	22	Loans and other payables to current and former officers, dire key employees, highest compensated employees, and disqua					
iq		persons Complete Part II of Schedule L		22			
Li	23	Secured mortgages and notes payable to unrelated third part			23		
	24	Unsecured notes and loans payable to unrelated third parties		24			
	25	Other liabilities (including federal income tax, payables to re and other liabilities not included on lines 17-24) Complete Part X of Schedule D	lated	third parties,			
			•			25	_
	26	Total liabilities. Add lines 17 through 25			6,467	26	0
ces		Organizations that follow SFAS 117 (ASC 958), check here ▶ lines 27 through 29, and lines 33 and 34.	. <u>\</u>	and complete			
lan	27	Unrestricted net assets			-4,207	27	57,239
Ba	28	Temporarily restricted net assets				28	
pu	29	Permanently restricted net assets				29	
Net Assets or Fund Balances		Organizations that do not follow SFAS 117 (ASC 958), check complete lines 30 through 34.	here	► and			
S	30	Capital stock or trust principal, or current funds				30	
set	31	Paid-in or capital surplus, or land, building or equipment fund				31	
As	32	Retained earnings, endowment, accumulated income, or othe				32	
Vet	33	Total net assets or fund balances	- Tariu		-4,207	33	57,239
~	34	Total liabilities and net assets/fund balances			2,260	34	57,239
		. Star naphretos and fice assets/faile buildiness i i i i	• •		1 2,200		orm <b>990</b> (2015)

c If "Yes," to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?

3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the

**b** If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits

Schedule O

Single Audit Act and OMB Circular A-133?

If the organization changed either its oversight process or selection process during the tax year, explain in

**3b** Form **990** (2015)

Nο

2c

3a

efile GRAPHIC print - DO NOT PROCESS | As Filed Data -

**SCHEDULE D** 

### **Supplemental Financial Statements**

▶ Complete if the organization answered "Yes," on Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b. OMB No 1545-0047

DLN: 93493067007827

Tre

(Form 990)

as	rtment of the ury nal Revenue Service	Information about Schedule D	► Attach to Form 990. (Form 990) and its instructions is at <u>wv</u>	<u>ww.irs.gov</u>	<u>/form990</u> .	Open to Inspe	
Na	me of the organi	zation		En	nployer identif	fication num	ber
41*1L	INICA NEXT INC			46	-3681383		
a	<b>rt I Organ</b> i Comple	izations Maintaining Donor	Advised Funds or Other Similed "Yes" on Form 990, Part IV, line	ar Funds		nts.	
			(a) Donor advised funds	(	<b>b)</b> Funds and o	other accour	ts
	Total numbe	r at end of year					
	Aggregate v year)	alue of contributions to (during					
	Aggregate v	alue of grants from (during year)					
	Aggregate v	alue at end of year					
	•		dvisors in writing that the assets held i the organization's exclusive legal contri		vısed	┌ Yes	┌ No
	used only for cl conferring impe	haritable purposes and not for the ermissible private benefit?	and donor advisors in writing that grant benefit of the donor or donor advisor, or	for any otl	ner purpose	Yes	□ No
СI			te if the organization answered "Y	es on Fo	riii 990, Par	t IV, line /	•
		onservation easements held by tr on of land for public use (e.g., recr	e organization (check all that apply) eation or				
	education)			n of an hist	orically impor	rtant land are	ea
	Protection	of natural habitat	Preservatio	n of a certi	fied historic s	tructure	
	Preservati	on of open space					
	•	2a through 2d if the organization ne last day of the tax year	held a qualified conservation contribution	on in the fo	rm of a conse	rvation	
					Held at	the End of t	he Year
a	Total number o	f conservation easements		2a			
b	_	restricted by conservation easeme		2b			
C		servation easements on a certified	· ·	<b>2</b> c			
d		servation easements included in ( ire listed in the National Register	e) acquired after 8/17/06, and not on a	2d			
	Number of cons	servation easements modified, tra	nsferred, released, extinguished, or tern	minated by	the organizati	ion during th	e
	tax year ▶						
	Number of stat	es where property subject to cons	ervation easement is located <b>&gt;</b>				
		iization have a written policy regar enforcement of the conservation (	ding the periodic monitoring, inspection asements it holds?	n, handling	_	Yes	No
	Staff and volun year	teer hours devoted to monitoring,	inspecting, handling of violations, and e	enforcing co	inservation ea	asements du	rıng the
	<b>-</b>						
	A mount of experiments	enses incurred in monitoring, inspo	ecting, handling of violations, and enforc	cing consei	vation easem	ents during	the year
		servation easement reported on li on 170(h)(4)(B)(ii)?	ne 2(d) above satisfy the requirements	of section		_ Yes	No
	balance sheet,	· ·	ts conservation easements in its reveni of the footnote to the organization's fin- sements	•		•	
a r			tions of Art, Historical Treasured "Yes" on Form 990, Part IV, line		ther Simila	ar Assets.	
а	If the organizat works of art, his	tion elected, as permitted under Sl storical treasures, or other similar	AS 116 (ASC 958), not to report in its assets held for public exhibition, education to its financial statements that des	revenue s ation, or res	search in furth		
b		,	AS 116 (ASC 958), to report in its rev			ance sheet	

works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public

If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the

following amounts required to be reported under SFAS 116 (ASC 958) relating to these items

Revenue included on Form 990, Part VIII, line 1

(ii) Assets included in Form 990, Part X

Assets included in Form 990, Part X

(i) Revenue included on Form 990, Part VIII, line 1

For Paperwork Reduction Act Notice, see the Instructions for Form 990.

service, provide the following amounts relating to these items

**▶** \$ \_\_\_

	eddie D (Form 550) 2015							raye Z
Par	organizations Maintaining (continued)	Collections of	Art, His	storica	l Treasures,	or Ot	her Similar A	ssets
3	Using the organization's acquisition, acc collection items (check all that apply)	ession, and other re	cords, ch	neck any	of the following	that ar	e a sıgnıfıcant us	e of its
а	Public exhibition		d	Г	oan or exchange	e progra	ams	
b	Scholarly research		e	$\Gamma$	ther			
c	Preservation for future generations							
4	Provide a description of the organization Part XIII	's collections and ex	kplain ho	w they fu	rther the organiz	zatıon's	exempt purpose	ın
5	During the year, did the organization soli assets to be sold to raise funds rather th						sımılar <b>Ye</b> :	s 「No
Pa	Complete if the organization a Part X, line 21.		n Form	990, Pa	irt IV, line 9, c	r repo		
<b>1</b> a	Is the organization an agent, trustee, cu included on Form 990, Part X?	stodian or other inte	rmediary	for cont	ributions or othe	er asse	ts not	s No
b	If "Yes," explain the arrangement in P	art XIII and comple	te the fol	llowing to	able		Am	ount
c	Beginning balance	·		_		1c		
d	Additions during the year					1d		
e	Distributions during the year					1e		
f	Ending balance					1f		
<b>2</b> a	Did the organization include an amount o	n Form 990, Part X,	line 21,	for escr	ow or custodial a	ccount	liability? <b>Ye</b>	s No
b	If "Yes," explain the arrangement in Part							
Pa	ert V Endowment Funds. Comple	<del></del>						
	Dogumung of wood balance	(a)Current year	<b>(b)</b> Pr	nor year	<b>b (c)</b> Two years	back (	<b>d)</b> Three years back	(e)Four years back
1a b	Beginning of year balance Contributions							
c	Net investment earnings, gains, and losses							
d	Grants or scholarships							
е	Other expenditures for facilities and programs							
f	Administrative expenses							
g	End of year balance							
2	Provide the estimated percentage of the	current year end ba	lance (lır	ne 1g, co	lumn (a)) held a	s		
а	Board designated or quasi-endowment <b>&gt;</b>							
b	Permanent endowment ▶							
c	Temporarily restricted endowment ► The percentages on lines 2a, 2b, and 2c	should equal 100%						
3а	Are there endowment funds not in the po organization by	·		that are	held and admini	stered	for the	Yes No
	(i) unrelated organizations						3a	n(i)
b	(ii) related organizations			 Schedule	 e R?		<del> </del>	(ii)
4	Describe in Part XIII the intended uses	of the organization's	endowm	ent fund	S			<u> </u>
Pa	rt VI Land, Buildings, and Equip							
	Complete if the organization of Description of property	answered 'Yes' to	Form 9	Cost or o	other basis ( stment) Cost or o	<b>b)</b> other bas	Accumulate	d (d)Book value
12	Land				10)	ther)		<del>                                     </del>
	Buildings							
	Leasehold improvements		`. `⊢					
	Equipment		·					
	Other		—			4,10	0 3.	220 880
	al. Add lines 1a through 1e (Column (d) mus		art X, colu	mn (B), I	ıne 10(c) )			880
		·						D (Form 990) 2015

	See Form 990, Part X, line 12.			
	(a) Description of security or categ (including name of security)	ory	(b)Book value	(c)Method of valuation Cost or end-of-year market valu
<b>1)</b> Financia	al derivatives			Cost of end-of-year market valu
<b>2)</b> Closely-	-held equity interests			
<b>3)</b> O ther				
otal. (Colun	nn (b) must equal Form 990, Part X, col (B) line 12	} ▶		
art VIII	Investments—Program Related	•		
	Complete if the organization answe	red 'Yes' on Form 9		
	(a) Description of investment		(b) Book value	(c) Method of valuation Cost or end-of-year market valu
otal. (Colum	nn (b) must equal Form 990, Part X, col (B) line 13)	•		
	onn (b) must equal Form 990, Part X, col (B) line 13 )  Other Assets. Complete if the organiz	-	n Form 990, Part IV, line	11d See Form 990, Part X, line 15
	Other Assets. Complete if the organiz	-	n Form 990, Part IV , line	11d See Form 990, Part X, line 15  (b) Book value
	Other Assets. Complete if the organiz	ation answered 'Yes' o	n Form 990, Part IV, line	
	Other Assets. Complete if the organiz	ation answered 'Yes' o	n Form 990, Part IV , line	
	Other Assets. Complete if the organiz	ation answered 'Yes' o	n Form 990, Part IV, line	
	Other Assets. Complete if the organiz	ation answered 'Yes' o	n Form 990, Part IV , line	
	Other Assets. Complete if the organiz	ation answered 'Yes' o	n Form 990, Part IV, line	
	Other Assets. Complete if the organiz	ation answered 'Yes' o	n Form 990, Part IV, line	
	Other Assets. Complete if the organiz	ation answered 'Yes' o	n Form 990, Part IV , line	
	Other Assets. Complete if the organiz	ation answered 'Yes' o	n Form 990, Part IV, line	
	Other Assets. Complete if the organiz	ation answered 'Yes' o	n Form 990, Part IV, line	
	Other Assets. Complete if the organiz	ation answered 'Yes' o	n Form 990, Part IV, line	
	Other Assets. Complete if the organiz	ation answered 'Yes' o	n Form 990, Part IV, line	
Part IX	Other Assets. Complete if the organiz (a) De	ation answered 'Yes' description		(b) Book value
otal. (Colu	Other Assets. Complete if the organiz (a) De	ne 15 )		(b) Book value
otal. (Colu	Other Assets. Complete if the organiz  (a) De  (a) De  (b) must equal Form 990, Part X, col (B) In  Other Liabilities. Complete if the complete if the complete in the complet	ne 15 )		(b) Book value
otal. (Colu	Other Assets. Complete if the organiz (a) De	ne 15 )		(b) Book value
otal. (Colu	Timn (b) must equal Form 990, Part X, col (B) In Other Liabilities. Complete if the organization of the Complete in the organization.	ne 15 ) organization answer		(b) Book value
otal. (Colu	Timn (b) must equal Form 990, Part X, col (B) In Other Liabilities. Complete if the organization of the Complete in the organization.	ne 15 ) organization answer		(b) Book value
otal. (Colu	other Assets. Complete if the organiz  (a) Decomplete if the organiz  (a) Decomplete if the organiz  (b) must equal Form 990, Part X, col (B) In  Other Liabilities. Complete if the organiz  See Form 990, Part X, line 25.  (a) Description of liability	ne 15 ) organization answer		(b) Book value
otal. (Colu	other Assets. Complete if the organiz  (a) Decomplete if the organiz  (a) Decomplete if the organiz  (b) must equal Form 990, Part X, col (B) In  Other Liabilities. Complete if the organiz  See Form 990, Part X, line 25.  (a) Description of liability	ne 15 ) organization answer		(b) Book value
otal. (Colu	other Assets. Complete if the organiz  (a) Decomplete if the organiz  (a) Decomplete if the organiz  (b) must equal Form 990, Part X, col (B) In  Other Liabilities. Complete if the organiz  See Form 990, Part X, line 25.  (a) Description of liability	ne 15 ) organization answer		(b) Book value
otal. (Colu	other Assets. Complete if the organiz  (a) Decomplete if the organiz  (a) Decomplete if the organiz  (b) must equal Form 990, Part X, col (B) In  Other Liabilities. Complete if the organiz  See Form 990, Part X, line 25.  (a) Description of liability	ne 15 ) organization answer		(b) Book value
otal. (Colu	other Assets. Complete if the organiz  (a) Decomplete if the organiz  (a) Decomplete if the organiz  (b) must equal Form 990, Part X, col (B) In  Other Liabilities. Complete if the organiz  See Form 990, Part X, line 25.  (a) Description of liability	ne 15 ) organization answer		(b) Book value
otal. (Colu	other Assets. Complete if the organiz  (a) Decomplete if the organiz  (a) Decomplete if the organiz  (b) must equal Form 990, Part X, col (B) In  Other Liabilities. Complete if the organiz  See Form 990, Part X, line 25.  (a) Description of liability	ne 15 ) organization answer		(b) Book value
otal. (Colu	other Assets. Complete if the organiz  (a) Decomplete if the organiz  (a) Decomplete if the organiz  (b) must equal Form 990, Part X, col (B) In  Other Liabilities. Complete if the organiz  See Form 990, Part X, line 25.  (a) Description of liability	ne 15 ) organization answer		(b) Book value
Part IX  Otal. (Colu  Part X	other Assets. Complete if the organiz  (a) Decomplete if the organiz  (a) Decomplete if the organiz  (b) must equal Form 990, Part X, col (B) In  Other Liabilities. Complete if the organiz  See Form 990, Part X, line 25.  (a) Description of liability	ne 15 ) organization answer		(b) Book value
otal. (Colu	other Assets. Complete if the organiz  (a) Decomplete if the organiz  (a) Decomplete if the organiz  (b) must equal Form 990, Part X, col (B) In  Other Liabilities. Complete if the organiz  See Form 990, Part X, line 25.  (a) Description of liability	ne 15 ) organization answer		(b) Book value
otal. (Colu	other Assets. Complete if the organiz  (a) Decomplete if the organiz  (a) Decomplete if the organiz  (b) must equal Form 990, Part X, col (B) In  Other Liabilities. Complete if the organiz  See Form 990, Part X, line 25.  (a) Description of liability	ne 15 ) organization answer		(b) Book value
otal. (Colu	other Assets. Complete if the organiz  (a) Decomplete if the organiz  (a) Decomplete if the organiz  (b) must equal Form 990, Part X, col (B) In  Other Liabilities. Complete if the organiz  See Form 990, Part X, line 25.  (a) Description of liability	ne 15 ) organization answer		(b) Book value
otal. (Colu	other Assets. Complete if the organiz  (a) Decomplete if the organiz  (a) Decomplete if the organiz  (b) must equal Form 990, Part X, col (B) In  Other Liabilities. Complete if the organiz  See Form 990, Part X, line 25.  (a) Description of liability	ne 15 ) organization answer		(b) Book value
otal. (Colu Part X	Other Assets. Complete if the organiz  (a) De  Imm (b) must equal Form 990, Part X, col (B) Ir  Other Liabilities. Complete if the office See Form 990, Part X, line 25.  (a) Description of liability  ome taxes	ne 15 )		(b) Book value
otal. (Colum	other Assets. Complete if the organiz  (a) Decomplete if the organiz  (a) Decomplete if the organiz  (b) must equal Form 990, Part X, col (B) In  Other Liabilities. Complete if the organiz  See Form 990, Part X, line 25.  (a) Description of liability	ne 15 )	ed 'Yes' on Form 990,	(b) Book value  Part IV, line 11e or 11f.

Schedule D (Form 990) 2015

	Complete if the organ	<u>ızatıon answered 'Yes' on Form 990, F</u>	art I	V, line 12a.	•	
1	Total revenue, gains, and other	r support per audited financial statements			1	
2	Amounts included on line 1 but	t not on Form 990, Part VIII, line 12				
а	Net unrealized gains (losses) o	on investments	2a			
b	Donated services and use of fa	cilities	2b			
c	Recoveries of prior year grants		<b>2</b> c			
d	Other (Describe in Part XIII )		2d			
e	Add lines 2a through 2d				2e	
3	Subtract line $\mathbf{2e}$ from line $1$ .				3	
4	Amounts included on Form 990	), Part VIII, line 12, but not on line 1				
а	Investment expenses not inclu	ided on Form 990, Part VIII, line 7b .	4a			
b	Other (Describe in Part XIII )		4b			
c	Add lines <b>4a</b> and <b>4b</b>				4c	
5	Total revenue Add lines 3 and	<b>4c.</b> (This must equal Form 990, Part I, line	12)		5	
Part		rpenses per Audited Financial Sta Ization answered 'Yes' on Form 990, F			s per	Return.
1	Total expenses and losses per	audited financial statements			1	
2	A mounts included on line 1 but	not on Form 990, Part IX, line 25				
а	Donated services and use of fa	cilities	2a			
b	Prior year adjustments		2b			
c	Other losses		<b>2</b> c			
d	Other (Describe in Part XIII )		2d			
e	Add lines <b>2a</b> through <b>2d</b>				2e	
3	Subtract line ${f 2e}$ from line ${f 1}$ .		•		3	
4	A mounts included on Form 990	), Part IX, line 25, but not on line 1:				
а	Investment expenses not inclu	ided on Form 990, Part VIII, line 7b	4a			
b	Other (Describe in Part XIII )		4b			
c	Add lines <b>4a</b> and <b>4b</b>				4c	
5	Total expenses Add lines <b>3</b> an	d <b>4c.</b> (This must equal Form 990, Part I, lir	ne 18	)	5	
	Supplemental Info	<b>Drmation</b> Part II, lines 3, 5, and 9, Part III, lines 1a	and 4	Part IV lines 1h and 2	h	
Part		lines 2d and 4b, and Part XII, lines 2d and				de any additional
	Return Reference	Explanation				

Schedule D (Form 990) 2015	Page <b>5</b>						
Part XIII Supplemental Information (continued)							
Return Reference	Explanation						

efile GRAPHIC print - DO NOT PROCESS | As Filed Data -

DLN: 93493067007827

SCHEDULE G (Form 990 or 990-EZ)

# Supplemental Information Regarding Fundraising or Gaming Activities

Complete if the organization answered "Yes" on Form 990, Part IV, lines 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a

Attach to Form 990 or Form 990-EZ

OMB No 1545-0047

Open to Public Inspection

Name of the organization AMERICA NEXT INC

Department of the Treasury

Internal Revenue Service

Total

▶ Information about Schedule G (Form 990 or 990-EZ) and its instructions is at www irs gov/form990

Employer identification number
46-3681383

- 6		<b>ctivities.</b> Complete ers are not required		_		on Form 990, Part IV	, line 17.	
1	Indicate whether the org	anızatıon raısed funds	through	any of the	following activities Ch	eck all that apply		
а	Mail solicitations			e	Solicitation of no	n-government grants		
b	▼ Internet and email solicitations				Solicitation of go	vernment grants		
c	c							
d								
2a b	Did the organization have or key employees listed services? If "Yes," list the ten high to be compensated at le	in Form 990, Part VII hest paid individuals o	) or entity or entities	y in conne	ection with professional	fundraising <b>\sqrt{v}</b> Ye	s No Indraiser is	
(	(i) Name and address of individual or entity (fundraiser)	(ii) A ctivity	fundrai cust cont	Did ser have ody or crol of outions?	(iv) Gross receipts from activity	(v) A mount paid to (or retained by) fundraiser listed in col (i)	(vi) A mount paid to (or retained by) organization	
1	THE EH MURRAY GROUP 6510 ANNA MARIA CT	VARIOUS EMAIL, IN-PERSON AND PHONE SOLICITATIONS	Yes	No No	125,105	5,000	120,105	
2	THE BAUTSCH GROUP 2023 NORTH WOODCHASE CT BATON ROUGE, LA 70808	VARIOUS EMAIL, IN-PERSON AND PHONE SOLICITATIONS		No	125,105	15,468	109,637	
3								
4								
5								
6								
7								
8								
9								

**3** List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration or licensing

250,210

229,742

20,468

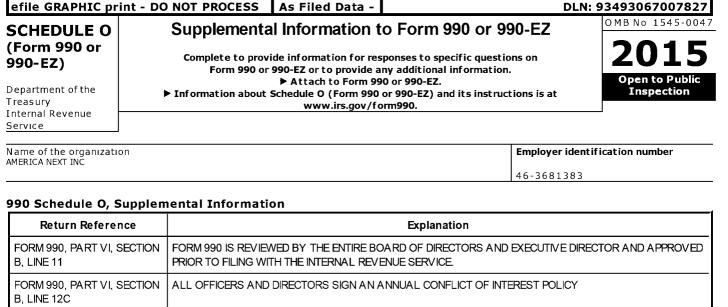
Pa	rt II Fundraising Events.  Complete if the organization fundraising event contribution receipts greater than \$5,000.	ns and gross income			
		<b>(a)</b> Event #1	<b>(b)</b> Event #2	(c)O ther events	(d) Total events
		(event type)	(event type)	(total number)	(add col (a) through col (c))
rkie					
Reverkie	1 Gross receipts				
ŭ	2 Less Contributions				
	Gross income (line 1 minus line 2)				
	4 Cash prizes				
	5 Noncash prizes				
Se	6 Rent/facility costs				
Expenses	7 Food and beverages				
찣	8 Entertainment				
Direct	9 Other direct expenses				
۵	10 Direct expense summary Add lines 4	through 9 in column (	d)		
Do.	11 Net income summary Subtract line 1 till Gaming.	0 from line 3, column (	d)	<u> ▶</u>	
<u> </u>	Complete if the organization Form 990-EZ, line 6a.	answered "Yes" on	Form 990, Part IV, line	e 19, or reported mo	re than \$15,000 on
Revenue		(a)Bıngo	(b)Pull tabs/Instant bingo/progressive bingo	<b>(c)</b> O ther gaming	(d) Total gaming (add col (a) through col (c))
<u>~</u>	1 Gross revenue				
nses	2 Cash prizes				
A P	3 Noncash prizes				
Direct E	4 Rent/facility costs				
	5 Other direct expenses				
		<b>Yes</b> %	├ Yes%	<b>Yes</b> %	
	6 Volunteerlabor	☐ No	☐ No	☐ No	
	7 Direct expense summary Add lines 2	through 5 in column (	d)		
	8 Net gaming income summary Subtrac	ct line 7 from line 1, co	lumn (d)		
9 a	Enter the state(s) in which the organizat		•		Yes No
b	If "No," explain	-			
10a b	Were any of the organization's gaming li	censes revoked, suspe			Yes No
_					

AMOUNT OF FUNDS RAISED

Return Reference

PART I, LINE 2

Explanation



Return Reference Explanation

FORM 990, PART VI. COMPENSATION SHALL BE REVIEWED AND APPROVED BY THE BOARD OF DIRECTORS USING DATA AS TO

990 Schedule O. Supplemental Information

SECTION C. LINE 19

SECTION B, LINE 15	COMPARABLE COMPENSATION FOR SIMILARLY QUALIFIED PERSONS IN FUNCTIONALLY COMPARABLE POSITIONS AT SIMILARLY SIZED ORGANIZATIONS
FORM 990, PART VI,	THE ORGANIZATION WILL MAKE ITS GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY, AND FINAN

CIAL STATEMENTS AVAILABLE TO THE PUBLIC UPON REQUEST

Return Explanation
Reference

990 Schedule O, Supplemental Information

FORM 990, PART	COMPLIANCE CONSULTING PROGRAM SERVICE EXPENSES 0 MANAGEMENT AND GENERAL EXPENSES 3,850
IX, LINE 11G	FUNDRAISING EXPENSES 0 TOTAL EXPENSES 3,850 ISSUE ADVOCACY CONSULTING PROGRAM SERVICE EXPENSES
	11,618 MANAGEMENT AND GENERAL EXPENSES 0 FUNDRAISING EXPENSES 18,288 TOTAL EXPENSES 29,906